

**Office of the Civil Surgeon, District Hospital Chikalthana,  
Opposite Airport, Jalna Road, Chhatrapati Sambhajnagar 431 007**

**Quotation Notice Year - 2025-26**

10 MAR 2026

**Notice No.09/Med Store/2025-26/ 4446**

**Date - 10/03/2026**

Civil Surgeon Chhatrapati Sambhajnagar is inviting quotations from eligible suppliers, for the purchase of following Laboratory Kits & Surgicals required for District Hospital Chhatrapati Sambhajnagar.

❖ **Last Date for Submission 16/03/2026, at 15.00hr (3.00pm)**

❖ **Interested eligible bidders, please Submit sealed original quotation with following required documents :-**

- 1 Acceptance of terms & Condition for this quotation.  
**Demand Draft of Rs. 1,000/-** (Non-Refundable) drawn from Nationalized or Schedule Bank in the name of Administrative Officer, District Hospital Chikalthana, Chhatrapati Sambhajnagar.
- 2 Bank in the name of Administrative Officer, District Hospital Chikalthana, Chhatrapati Sambhajnagar.
- 3 Valid Shop & establishment License or MSME/Udyog Aadhar.
- 4 Valid Drug Manufacturing or sale Registration Certificate.
- 5 GST registration Certificate.
- 6 PAN Card
- 7 Authorization Certificate, CE Certificate from manufacturer
- 8 Details of Bank account.(Format Given)
- 9 निविदाकाराचे हमीपत्र (Format Given)
- 10 Quotation – Rate Offer in given format

**List of Items for Procurement :-**

| No | Name & Description of Item   | Qty     |
|----|--|---------|
| 1  | Distilled Water 5 Ltr Jar (DEIONOIZED WATER)   | 50      |
| 2  | Test Tube Disposable without cap (Ria Test Tube)   | 30,000  |
| 3  | Bonavera Cell Counter Machine Reagent Rinsel   | 5       |
| 4  | Bonavera Cell Counter Machine Reagent Dilucel  | 5       |
| 5  | Bonavera Cell Counter Machine Reagent Lyse   | 5       |
| 6  | Bonavera Cell Counter Machine Cleaner  | 10      |
| 7  | HIV Test Kit Elisa (96Test Kit) Fourt Generation Kit   | 10      |
| 8  | HbsAg Test Kit Elisa (96Test Kit)  | 10      |
| 9  | HCV Test Kit Elisa (96Test Kit)  | 10      |
| 10 | <b>Disposable Plastic Gloves</b><br>Medical Grade Virgin P.V.C. / H.M.H.D. DOTTED Excellent Grip Length: Free Size 11 1/2" / 29.21 cm / 292.100mm, Type: Non Sterile, 100 pcs Per Pack | 100,000 |
| 11 | Dual Lumen Catheter Kit (Straight & Curved) With Introducer Needle, Nitinol core Guide Wire 24cm, <b>HD Catheter for Dialysis</b>  | 50      |

| No | Name & Description of Item            | Qty   |
|----|---------------------------------------|-------|
| 12 | Oxygen Mask, Plastic Adult/Ped        | 1,000 |
| 13 | Pressure Monitoring Tube 200cm[943]   | 500   |
| 14 | Dialysis Machine Inlet Filter (Nipro) | 8     |
| 15 | RO Plant Osmosis Solution 5Ltr        | 5     |


**Terms Condition:-**

- 1) Rate - Inclusive of all taxes (GST) & levies with store delivery basis. *Not Exceeding than M.R.P. Rate should be quote for each Unit.*
- 2) Delivery at :- Medical Store, Ground Floor, District Hospital Chikalhana, Opposite Airport, Jalna Road, Chhatrapati Sambhajanagar.
- 3) Delivery Period :- **10 Days**
- 4) Test Report of each & every batch , Lot No. & e-Way bill should be submit with Invoice.
- 5) Each supplied drugs & Consumables have  $\frac{3}{4}$  shelf life. Less shelf life drugs will not accepted.

**Note: -**

- A) There is no responsibility of this office, if any delay for submission of quotation due to post, courier, or anyway. *Quotation submitted through email is not acceptable.*
- B) On Envelop should be mention as- **“Quotation No. 09 – Purchase Of Lab kits Surgical ”**

The under signed authority has been reserved the right, to increase or decrease in the quantity to be purchase and also reserves the right to cancel or revise any or all the quotation or part of quotation as well as to accept or reject any or all quotation without assigning any reasons thereto.

  
 (Dr. Kamlakar Mudkhedkar)  
**Civil Surgeon**  
**Chhatrapati Sambhajanagar**

To be submitted on Original Letter head/pad

## दरपत्रक सादर करणाऱ्याचे हमीपत्र

महाराष्ट्र शासन, उद्योग उर्जा व कामगार विभाग

शासन निर्णय क्र. भांखस-२०१४/प्र.क्र.८२/भाग III/उद्योग-४, दिनांक ०९ डिसेंबर २०१६.

नियम क्र.४:२:५ नुसार.

मी/आम्ही.....

या हमीपत्राद्वारे लिहून देतो की, दरपत्रक मागविणाऱ्या खरेदी प्राधिकार्या बरोबर कोणत्याही प्रकारे हितसंबंध नसून हितसंबंधा बाबत संघर्ष नाही. तसेच खरेदी प्राधिकार्याकडे सादर करण्यात आलेले दरपत्रक हे एकल असून दुसऱ्या कोणत्याही संस्थेसोबत संयुक्तरित्या किंवा संगनमताने साखळी करून भरलेले नाही. असे आढळून आल्यास नियमानुसार योग्य त्या दंडात्मक कार्यवाहीसाठी मी पात्र राहिल.

दिनांक :-

स्थळ :-

दरपत्रक सादर करणाऱ्याची स्वाक्षरी

**Sign & Stamp Of Bidder**

To be submitted on Original Letter head/pad

### Details of Bank for RTGS/NEFT Payment

|    |                    |  |
|----|--------------------|--|
| 1  | Name of firm       |  |
| 2  | Postal Address     |  |
| 3  | Pin code           |  |
| 4  | Pan Card No.       |  |
| 5  | E-Mail I.D.        |  |
| 6  | Contact No.        |  |
| 7  | Mobile No.         |  |
| 8  | Name of Bank       |  |
| 9  | Bank Address       |  |
| 10 | Branch name & Code |  |
| 11 | Bank Account No.   |  |
| 12 | Nature of Account  |  |
| 13 | IFSC Code          |  |
| 14 | MICR Code          |  |

Above information is correct as per our record.

Date:

Seal:

**Sign & Stamp Of Bidder**

**To be submitted on Original Letter head/pad**

**Format For Quotation**

**( Bidder should Submit Sealed quotation on there own Letter Head )**

Date- /03/2026

To,

**Civil Surgeon,**

**District Hospital, Chhatrapati Sambhajinagar.**

**Sub :- Submission of Quotations No. 09 Purchase Lab kits & Surgical**

Ref :- Your Office Quotation Notice No. 09, Dated 10/03/2026.

Respected Sir,

As per above reference, I/we are interested to supply the following, herewith submitting quotation

| No | Name & Description of Item   | Rate/Unit |
|----|--|-----------|
| 1  | Distilled Water 5 Ltr Jar (DEIONOIZED WATER)   |           |
| 2  | Test Tube Disposable without cap (Ria Test Tube)   |           |
| 3  | Bonavera Cell Counter Machine Reagent Rinsel   |           |
| 4  | Bonavera Cell Counter Machine Reagent Dilucel  |           |
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| 12 | Oxygen Mask, Plastic Adult/Ped   |           |
| 13 | Pressure Monitoring Tube 200cm[943]  |           |
| 14 | Dialysis Machine Inlet Filter (Nipro)  |           |
| 15 | RO Plant Osmosis Solution 5Ltr   |           |


**Note :- Above quoted rates are inclusive of all Taxes, Store delivery basis.**

**Certificate**

I under signed hereby certified that, above rates are not exceed than MRP or current market Rates. I accept all terms & Conditions without any complaint. As per my knowledge submitted all documents & information is true. I will responsible for any fraudulent submission & liable to any punishment as per Indian Penal Code or Prosecution.

**Sign & Stamp Of Bidder**

**“ Quotation Draft Approved”**

  
(Dr. Kamlakar Mudkhedkar)  
**Civil Surgeon**  
**Chhatrapati Sambhajinagar**